L12000018497

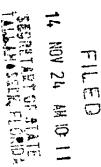
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M. MILLIGAN EXAMINER

DEC - 3 2014

COVER LETTER

TO: Registration Sec Corporations	tion Division of	·	**
SUBJECT: RJ NYHOF	TILLC.		
NO DOLOTT	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing. Please retu	urn all correspondence concerning this
matter to the following:			
	Willi	am K. Budd Name of Person	
		Name of Person	
	Rayn	nond James Tax Credit Funds, In	с
		Firm/Company	
	880 (Carillon Parkway, Dept. 05485	····
		Address	
	Saint	t Petersburg, Florida 33716	
		City/State and Zip Coo	le
	Bill.	Budd@RaymondJames.com	
	E-mail address: (t	to be used for future annual re	port notification)
For further information co	ncerning this matter, please cal	II:	
William K.	Budd	at (727)	567-4820
Name of		Area Code	Daytime Telephone Number
Enclosed is a check for the	e following amount:		
≥ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



RJ NYHOF I L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>06/12/2012</u> and assigned Florida document number L12000078497.

This amendment is submitted to amend the following:

A.	If amending	name, enter the	new name of t	the limited li	ability company here:

The new name must be distinguishable and end with the	e words "Limited Liability C	ompany," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	Not Applicable	
(Principal office address MUST BE A STRE	ET ADDRESS)		
			
Enter new mailing address, if applicable:		Not Applicable	
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and new registered agent and/or the new regist	tered office address her		nter the name of the
Name of New Registered Agent:	Not Applicable		
New Registered Office Address:			
		Enter Florida street address	
		, Flori	da
		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

C. If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title Action	Name	Address	Type of
	Not Applicable		
			Add
			Remove
			Add
			Remove
			TILED THE
			- Add
			Remove
			···
			□ Remove
			⊔ Add
			☐ Remove

This limited liability company is manager-managed.	
effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date	
effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date s document is filed by the Florida Department of State)	
fective date, if other than the date of filing:	
e effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date is document is filed by the Florida Department of State)	

Page 3 of 3 Filing

Fee: \$25.00

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